

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.5	14.88			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.21	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	309	457		*****	6.69	9.5			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6477	8095		*****	140.5	175			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.77	*****	7.9			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	338	475		*****	7.38	10.5			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

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Solids, total suspended	SAMPLE MEASUREMENT	6766	9984		*****	146	208			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	157	351		*****	3.43	7.25		2	Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	9.94	10.55	58.61			21 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	390	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.481	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.58	15.14			Twenty Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	366	542		*****	8.75	12.75			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7018	8397		*****	168	204			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.88	*****	7.16			Twenty Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	407	533		*****	9.75	12.5			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	7076	9277		*****	170	225			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	176.15	364.06		*****	4.2	8.43		4	Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	30	49	224			Twenty Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	66	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.029	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.37	15.63			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.79	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	389	379		*****	9	8.75			11 Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7135	8016		*****	164	198			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.18	*****	7.51			23 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	695	708		*****	16.09	34			11 Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	8995	10915		*****	205.7	250			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	528	698		*****	12.14	14.3		12	5 Times Every Month	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	15.54	16.61	236.6			23 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	220	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.218	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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TYPED OR PRINTED				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.01	*****	*****			11 Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.5	*****	*****			11 Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.42	15.42			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.23	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	336	466		*****	6.88	10.75			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6488	8008		*****	130	155			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	668	1540		*****	14.25	36			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	6797	10340		*****	136.5	209			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	539	621		*****	10.79	11.1		10	Four Per Month	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	12.64	12.9	39.56			21 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.984	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.92	16.06			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.98	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	349	412		*****	5.92	7.75			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8336	10585		*****	142	180			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.97	*****	7.4			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	420	529		*****	7.13	9			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	10957	14438		*****	186	246			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	563	708		*****	9.46	12		10	Four Per Month	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	5.27	6.22	21.05			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.136	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	18			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	182	201		*****	3	3.5			Ten Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7344	8134		*****	129	190			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.74	*****	7.38			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	216	405		*****	4	7			Ten Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	9725	14366		*****	171	248			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	31.3	142		*****	.56	2.42		1	5 Times Every Month	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	2.65	2.3	7.08			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.7	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Ten Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Ten Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.99	19.44			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.24	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	206	240		*****	3.56	4			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8865	11230		*****	154	200			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.08	*****	7.53			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	258	406		*****	4.5	7			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	14424	24743		*****	252	439			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.91	3.39		*****	.05	.06			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	5.57	5.12	9.79			21 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.984	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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DMR Mailing ZIP CODE: 83605

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(SUBR 02)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	223	229		*****	4	4.5			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6890	7783		*****	117	134			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5			23 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	296	338		*****	5.1	5.4			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	8106	8966		*****	138	153			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.13	5.8		*****	.07	.09			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	8.04	8.61	50			23 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.083	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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TYPED OR PRINTED				MM/DD/YYYY	

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	181	197		*****	3.2	3.5			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6573	7805		*****	117	138			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	312	480		*****	5.75	8.5			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	5578	7711		*****	99	137			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.787	3.4		*****	.05	.06			5 Times Every Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	8.91	30.67	69.67				GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.684	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.31	19.92			Twice Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	296	319		*****	6.09	6.25			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7518	8210		*****	154	169			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.85	*****	7.51			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	221	305		*****	4.5	6.5			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	6574	8031		*****	137	180			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.97	2.21		*****	.04	.04			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	4.63	5.09	7.61			21 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.917	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16			Monthly	COMP24
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4			Twice Per Year	COMP24
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.59	17.78			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.59	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	183	217		*****	4.33	5.25			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8927	10819		*****	212	254			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	7.45			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	224	319		*****	5.33	7.5			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP
LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7306	7804		*****	173	184			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.68	1.7		*****	.04	.04			5 Times Every Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	3.05	2.78	4.27			22 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.052	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2			Twice Per Year	COMP24
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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External Outfall

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.79	16.24			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.08	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	172.66	219.06		*****	4	5.5			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7541.41	8077.51		*****	188.78	202.25			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.88	*****	7.26			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	304.56	396.45		*****	7.67	10			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	7019	7992		*****	176	197			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.599	1.64		*****	.04	.04			5 Times Every Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	5.38	5.33	251			22 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.796	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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